



MASSACHUSETTS SCHOOL OF LAW at Andover

www.mslaw.edu

Five Hundred Federal Street, Andover, Massachusetts 01810 Voice: 978.681.0800 Data: 978.681.6330

MEMORANDUM

TO: All Students
FROM: Michael L. Coyne, Associate Dean
RE: Clinical Program

You should prepare a resume and writing sample.

CLINICAL LAW PROGRAM (6)

The Clinical Law Program permits students who have completed one-half of their legal education to assist in the practice of law in a law school clinic under the supervision of a member of the bar. The Clinical Law Program affords students the opportunity to begin the transition from law school to law practice; from learning to be a lawyer to being a lawyer. Students practice law under the close and supportive supervision of a member of the faculty, adjunct faculty, legal service office or Bar Association.

The practice in the clinic includes civil, criminal law, domestic, administrative or real property matters and may include appearances with their supervision before courts, administrative agencies, legislatures and other officials. Students will be counselors, negotiators, advocates and problem solvers for their clients.

Students are required to meet regularly with the supervising attorneys to review the work that has been done and to plan the strategy to accomplish the client's purposes. In the classroom component, the clinical course students learn the substantive and procedural law they must know to practice in the area of their special concentration and they study the tasks of lawyering. In this setting students explore the theory, practice and ethics of interviewing, counseling, advocating and the full range of lawyer tasks in which they are engaged. Through this personal experience, supervision and courseware, students have the opportunity to think reflectively about the legal profession, about their work as lawyers and about the role of lawyers in a just society.

Circle One: 6 Credits (2 days per week) OR 3 Credits (1 day per week).

CLINICAL PROGRAM

1. Name _____ Phone/day: _____
 (Last) (First) (MI)
- Address _____ Phone/evening: _____
- City, State, Zip _____
- _____
2. Number of credits completed at end of current semester _____.
3. Major/expected major: _____
4. Areas of interest:
(Please list in descending order of interest) _____
- _____
5. Day(s) of week that is preferable: M T W TH FR
6. Preferred location (by county): _____
7. Additional information: _____
- _____
- _____

PLACEMENT USE ONLY

Placement:

- Name: _____ Phone/day: _____
- Address: _____ Phone/evening: _____
- City, State: _____
- Start Date: _____ Completion Date: _____
- Day of Week: M T W TH FR

RETURN WITH RESUME AND WRITING SAMPLE



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MEMORANDUM

TO: All Participants (Supervisors) In The MSL Clinical Program

FROM: Michael L. Coyne, Associate Dean

RE: MSL Clinical Program

The MSL Clinical Program will again take place.

We hope that each of you will take advantage of our program. We feel the program will benefit you by providing a quality and free law clerk and the student who will learn the practice of law.

We ask that you closely monitor the students' activities and help them understand and be involved with the practice of law.

I am also enclosing a sample evaluation form. These forms would be completed at the mid point and end of the program.

Please fill out the enclosed survey form, and if you have any questions, please contact me.

A student must agree to work either one or two days a week for a period of 10 to 12 weeks.



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NAME OF FIRM: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

The Massachusetts School of Law Clinical Program is a 10 week program designed to allow our students to work with attorneys and to learn the practice of law in the "real world."

Students are expected to work either 8 or 16 hours per week in the law firm under the supervision of the participating attorney. All students participating in the clinical program have completed their core course requirements at MSL.

CLINICAL QUESTIONNAIRE

Circle one where applicable.

- | | |
|---|---|
| 1. The best day of the week for me to be able to work with the law clerk: | 1. M T W TH FR S |
| 2. I would prefer the semester starting in: | 2. June September January |
| 3. The area of the law in which the clerk would primarily work is: | 3. _____ |
| 4. How many attorneys are there in your office: | 4. _____ |
| 5. How many support personnel in your office: | 5. _____ |
| 6. As part of the clinical program, the clerk may have to do legal research. Are there research facilities available in your office or would you prefer the clerk to work on research in our law library: | 6A. Research at law firm.
B. Research at law library at law school.
C. Combination of both. |

7. Would you prefer to have a clerk for two full days or one full day or two half days:
- 7A. Full day
 - B. Half day
 - C. Two days
8. Would you be agreeable to having a student work for you late in the day, e.g., 5-9 p.m.:
- 8A. Yes
 - B. No

[myfiles/memoreclinic](#)



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Woodland Park • 500 Federal Street • Andover, MA 01810
978/681-0800 FAX: 978/681-6330

CLINICAL PROGRAM

EVALUATION FORM (please type or print neatly)

TO THE STUDENT'S SUPERVISOR:

Name of Student Participant: _____

The student named above has participated in Massachusetts School of Law's clinical program. We would appreciate your frank evaluation of the participant. Please fill out this form and mail it directly to us. Your prompt response will be greatly appreciated.

	No Basis for Judgment	Below Average (lowest 40%)	Average (Middle 20%)	Good (Next 20%)	Very Good (Next 10%)	Outstanding (Highest 10%)
Native Intelligence (Analytical powers, rigor of thought, critical facility, reasoning ability)						
Independence of Thought (Originality, imagination, creative independence)						
Industry and Motivation						
Effectiveness of Oral Communication						
Effectiveness of Written Communication						
Judgment and Maturity						
Leadership Ability						
Personal Attributes (Ability to relate effectively to different people)						

COYNE/CLINEVA2

Please comment on the following:

1. The student's proficiency in research:

2. The student's writing:

3. The student's ability to relate the theory of law to the practice of law:

4. Areas in which the student could improve:

5. The student's attendance at your office:

6. Other comments:

7. Are you interested in participating in the program in the future:

Yes _____ No _____

Date _____

Signature of Supervising Attorney

8. Areas in which the clinical program could improve:

Thank you for participating in the program. If you have any questions, please contact me at (978)681-0800.

Michael Coyne
Associate Dean